

Eastern MRS Meeting Notes
February 28, 2008
Pitt County Agricultural Extension

Counties Present: Brunswick, Camden, Cartaret, Craven, Duplin, Franklin, Harnett, Hoke, Johnston, Lenior, Nash, New Hanover, Northampton, Onslow, Pitt, Wilson,

Introductions

Announcements

Using the CME Program

Foster Care Visits/Foster Parent Recruitment and Retention

FA Findings

SOC Principle – Cultural Competence

Contributory Factors

Announcements

- Dear County Director Letter as a follow up to Foster Care data entered in the MRS database. Initially we said we would submit the last quarter of the fiscal year and the day before the data was due ACF decided that was not sufficient. We need data for selected sample case for the entire fiscal year. The letter references the previous communications regarding entering these visits, and then details which cases you need to enter for. This averages out to about 2 or 3 cases per county. Data should be submitted by close of business on Friday March 7th.
- Dear County Director Letter regarding the new training requirements around training and CFT facilitation. This came out of a workgroup stemming from the PIP. The feedback from Feds was that CFTs worked great when they were done according to policy, but not as useful when they were not. County partners suggested that CFT training become mandated since CFTs have become such a central part of the way we work with families. This is the Step By Step training (2 day training). If you previously had Caution Family Meeting Ahead and Anchors Away you are ok, this new training combines those 2. If you are hired after 2/8/08 you have one year after your start date to complete the training, if you were already employed prior to that time, you have one year to complete it. This also removes the requirement for Effects of Separation and Loss.
 - There is also a required Facilitator training for anyone who is going to facilitate high or intensive risk meetings. This includes people outside the agency that you may contract with.
- Dear County Letter addressing the role of assessments in Juvenile Justice and Delinquency Centers. This is just a clarification letter.
- Heather referenced an Admin Letter that came out last week that allows counties to designate users to have a Supervisor role within the MRS database. This will allow these persons to edit closed records for their counties instead of having to call Heather.
- Dukes Evaluation - Nicole talked about next year and moving into new phases of the evaluation. The template for the fact sheets she used last year are on the web. All 100 counties will receive the fact sheet this year and it looks at different measures. It is critical that the 5104 and 5106 be completed, because much of the information from the fact sheet comes from these. (See last months notes for more complete

discussion of the fact sheets and where the data comes from.) Currently Duke is working on family phone interviews and CFT surveys.

- Very soon a call for Proposals will be coming out for the MRS Institute.

Using the CME program–

Laura Elmore from the Policy team talked about CMEs. This policy was recently revised. Wanted to discuss when was an appropriate situation to use these funds to ensure that they would be available when needed.

Child Medical Exams

- What kinds of cases are being referred?
 - Most counties here refer almost all sex abuse cases.
 - How would you determine which ones not to send?
 - Ones that are blatantly false or a child who is already sexually active they send those to an OB/GYN.
- Note: *The CME program is to be used when you cannot make a decision* – if the parents admit that they made the bruises, and you just want to use the CME to determine if they were made by a belt, as the parents claim, or if it was a board. *Not to confirm what you already know.*
 - You can use the providers and get supporting information but it is not with CME funding. If they have Medicaid that would be used to pay for it. If they don't then you will have to find other funding.
 - If you use this funding for cases to back up a decision that you have already made then it is possible that the funding will be exhausted and then it will not be available later in the fiscal year for those cases where DSS can't make a decision.
 - We don't want to get to the place where we have to say this funding has been used up and the CME program is not available until the next fiscal year.
- Counties would like to know if they could have the forensic interview first (and maybe only that) in certain circumstances when they are not sure that the medical exam will have benefits. (Ex: If child is already sexually active outside of the alleged abuse.)
- There was a DCD letter that said you have to have the CME before you could have a CFE, but there are situations (like the one listed above, sexually active teenager, or something that happened many years ago) where there are exceptions.
- Counties think that the RIL plays into it, that if you are going to have to defend your decision re: sexual abuse you want to have documentation that a doctor found certain things in a medical exam.
- Belief that Law Enforcement will also be more comfortable going to the DA and requesting charges be filed if there has been a medical diagnosis. (Note from Laura that law enforcement can also pay for these evaluations.)
- Also, if there was child on child and the CPS issue is supervision, you can probably make the case decision on supervision without physical evidence of the abuse taking place – if this is the case the CPS decision can be made, and if law enforcement wants proof of the sexual contact, then law enforcement can pay for the tests.
- She is NOT telling counties not to use the program, but wants to stress to use it appropriately.
- The Division will no longer allow backdating of signatures of consent forms. If the signature is not on the form it will not be approved for payment.

- Doctors were not timely in sending in invoices in the past – Division has now told providers that if the evaluation is not submitted within 2 months the programs will not pay for it, and the provider will have to absorb that cost.
- Need to open 212 on the 5027. Should be opened with the effective date that you get this signed and close it the day you get the evaluation. You do NOT need to put it on daysheets. (Appendix B of the SIS manual, page 15.)

Child & Family Evaluation (formerly called Child Mental Health Evaluations) – when do you do these?

- When parental behavior is causing emotional/mental health issues with the child – is very hard to prove emotional abuse.
- Do it if the CME recommends it.
- For questions you can email Laura.Elmore@ncmail.net

Foster Care Visits/Foster Parent Recruitment and Retention

Jordan Institute gave an update on the 2 pieces. He had handouts detailing the history and next steps for these 2 items. Contact John for this information at:

johnmcmahon@mindspring.com

(These handouts – which include the tool - are attached at the end of these notes.)

Foster Care Visits

- The decision to work on this standardized tool came out of a federal mandate and also from the workgroup trying to better the recruitment and maintenance of foster parents.
- Monthly foster care contact record. Several counties participated in a workgroup to create a standardized tool to improve these visits. Hopes to: a) focus discussion and attention on the safety and well being of children in foster care and foster families, b) facilitate timely documentation and follow-up on identified needs, and c) support movement toward the intended outcomes for the children being visited.
- The Division started this work in 2006 working with the School of Social Work at UNC.
- Developed several prototypes of the tool, and January of 2007 the Division issued an invitation to participate in the pilot testing of the tool and 25 agencies responded and took part in this pilot. Agencies were asked to use a version of this tool one time a month during their required contact with children in care.
- Users saw a real benefit in using this tool, had some suggestions for modifications. These modifications were made and in January 2008 the tool was presented to Children's Services committee, who liked it but requested a few changes. Currently the plan is to resubmit to them in March, and if approved will be mandated for use sometime later during the year.
- Foster Parents and the Foster Parents Association was involved in the creation of this tool. The Foster Parents Association was initially concerned that the use of this tool would feel like an investigation, however they recognized the necessity of ensuring that this information was collected.
- Once the tool has been put into place, this does not mean that we can't change it. After a period of time we can bring a group back together and talk about how the use of the tool has been – aspects that are good, and areas that could be tweaked.
- The intent of the tool is to enhance the visit and prompt workers to address each of the issues, not to have workers read from it as a script. It takes about 40 minutes (the

longer version did) but found that the more frequently a worker used it, the less time it took as they became more comfortable with it and incorporating these items became the norm with workers. Also, the worker may know some of the information prior to the visit.

- The Division has asked agencies to look at the requirements that they have and see if any of their forms, etc. can be given up because the information is already included in this tool so that workers are not having to duplicate information/reporting.
- Jordan Institute will develop an on-line training to assist workers in learning how to use the tool.

Update on Foster Parent Recruitment and Retention Campaign

- Prominent part of the Program Improvement Plan.
- Jordan Institute conducted a web survey of agencies – handout displays the geographic distribution of the agencies who responded and preliminary results of the survey.
 - 70% of agencies sometimes or often break up sibling groups in placements because there is not a foster home that can accept them all.
 - 5.6% of children are placed in group homes because there is a lack of family or therapeutic foster homes.
 - Agencies would like to see more foster homes for teens
 - Minority foster homes – nearly 75% of agencies had trouble recruiting minority foster parents but retention of them once recruited was not as much of an issue.
 - 11% of children were placed an hour away from their birth parents.
 - Regional approach – vast majority of respondents were open to this idea. Did not detail precisely what this might entail, but would be some sort of collaborative effort in order to maximize resources within a region.
- Jordan Institute is planning clinics around the state to talk to providers and others in your region. These clinics will focus on what people are trying now and what will be most helpful to counties in the future.
- Based on the feedback from the clinics, a toolkit will be developed and Jordan will also keep in contact with those who participate in the clinics to maintain information sharing.
- Also working with the Division to establish a baseline to track the foster parents that we have so that we can measure needs and progress.
- Even if your agency did not participate in the on-line survey you can participate in a clinic. There will be information coming out soon on how to sign up for these.

Developing a New Training

- Jordan Institute has been asked to develop a one day training on working with Drug Endangered children.
 - Will be changing the current Meth class to an on-line class and the Introduction to Substance Abuse from a 3 day to a 2 day course.
 - The on-line Meth class won't be available to counties until after July 1 – they are testing it twice before releasing it. (Test it, revise it based on results of user testing, and then test the revised version.)
- Laura asked each county what were the primary drugs that they dealt with.

- Almost all counties said crack or cocaine, and prescription drugs – both bought off the street and from the doctor (esp methadone).
- Some counties said marijuana, meth, and heroin is making a comeback.
- Also alcohol to a point.
- Some counties are seeing that the users are manipulating the Doctors into giving them prescriptions that they do not really need. Note that we (DSS) can't control this, we can only educate the parents that their behaviors, whether from using legal or illegal drugs, are affecting their children. (This type of education works even if they are in denial about their use. To a certain point, their denial doesn't matter – what matters if there is a safety and risk issue.)
- Do you think in the first two days of Introduction to Substance Abuse, some clarification about what kind of drug use constitutes *use* versus *abuse* versus *addiction* is necessary so that workers are not just going on their opinions which may be clouded by their personal values?
 - Yes, people believed that that was important.
 - Social workers need to know that their personal values are not the issues here and also to be able to distinguish between someone who uses, and maybe even abuses, but has made provisions for the safety of their child when they choose to do so.
 - Possibly this should be its own training.
 - Also need to communicate with the community about what is neglect and that all use does not automatically does not mean that CPS will take custody of children. We are not law enforcement, we are only there to ensure the safety of the child.

Family Assessment Findings

Clarifying the family assessment findings. Where is clarification needed?

- Confusion is between Services Provided, CPS Services No Longer Needed and Services Recommended.

Services Provided, CPS Services No Longer Needed – Defined as “*a situation in which a family assessment has been completed on CPS reports of neglect (with the exception of abandonment and the special types of reports) and dependency, and the safety of a child and future risk of harm are no longer issues because the agency has been successful in “frontloading” necessary services during the family assessment. These are cases in which continued involuntary CPS supervision is no longer needed to ensure the child’s safety. This finding is not appropriate for cases in which the agency feels it needs to monitor compliance with the service recommendation due to safety and future risk of harm.*”

- Asked for a hypothetical: You go out on a case and on your first visit it is clear that inappropriate discipline is an issue. You frontload parenting classes and counseling and the family becomes very engaged in the services. Several weeks down the road you talk to the collaterals and they report that mom is engaged in the services and has changed her behavior, and this is supported by the children. The first day you would have made a decision of Services Needed, but by the time you close the case you feel there is not a safety issue warranting CPS involvement, you should use this finding.
- Is this finding appropriate if the services provided, were provided by your agency?

- The question within agencies is: if you say “services no longer needed” what would happen if the family stopped going to the services (like the parenting class) after your finding? If you have a problem with them not going to services, this finding is NOT appropriate.
- Talk to not only the providers of the classes or services, but the other people who are in the world with that family, Grandma who can say that she sees a difference in the types of discipline mom is using, and other people that interact with the family.
- We created this finding so that we could account for all this frontloading of services that are an integral part of MRS. At case opening you would have said Services Needed if you had to make your decision on the first day.

Services Recommended – Defined as: *a situation in which a family assessment has been completed on CPS reports of neglect (with the exception of abandonment and the special types of reports) and dependency, and the safety of a child is not an issue and future risk or harm is not an issue, but the family has a need for other non-safety related services. These are cases that the agency could feel comfortable with the safety of the children if the family chose not to agree, continue to participate in, or otherwise fail to comply with any one or all of the recommendations made by the agency. . This finding is not appropriate for cases in which the agency feels it needs to monitor compliance with the service recommendation due to safety and future risk of harm. It is also not appropriate to make this finding if the agency believes it would become re-involved with the family through CPS should information be received that the family had stopped receiving any recommended service.”*

- You never would have sent these folks to 215 in-home services at this time. You may see some things that lead you to believe that 6 months down the road they might get another call, but there are no current safety or risk issues, you can put some things in place.
- However, if the family chose NOT to engage in these services, you would still be comfortable walking away.
- Is this finding appropriate if you are only recommending that they continue with the services that they already have in place? Yes.
- Need to have a 7 day visit to talk to the family and talk to them about this.
- What about cases where the family is currently in 215 and a subsequent assessment (while they are in 215) comes in. There are no new services needed, other than the ones that are in place? Currently find No Services Needed because no new services are needed, they are already receiving involuntary services.

March meetings:

Central: Rowan County March 25th – this is a change in date

Western: Asheville, AB Tech - March 27th

East: Lenoir Coop Ext, Kinston - March 18th

April meetings:

Central: Guilford Co DSS – April 22nd

Western: Asheville, AB Tech - April 14th - this is a new date, but the correct one – the previous date had to be changed

East: Edgecombe DSS – April 15th